

2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P40317

Entity Name: GMMI, INC.**Current Principal Place of Business:**880 SW 145TH AVE
SUITE 400
PEMBROKE PINES, FL 33027**Current Mailing Address:**880 SW 145TH AVE
SUITE 400
PEMBROKE PINES, FL 33027 US**FEI Number:** 75-2436905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title COO, VP, DIRECTOR
Name ITZCHAKI, RAIJA
Address 880 SW 145TH AVE
SUITE 400
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR
Name PARISI, ANTOINE
Address 880 SW 145TH AVE
SUITE 400
City-State-Zip: PEMBROKE PINES FL 33027

Title PRESIDENT, DIRECTOR
Name CARNICELLI, CHRISTOPHER
Address 880 SW 145TH AVE
SUITE 400
City-State-Zip: PEMBROKE PINES FL 33027

Title TREASURER
Name MARTINI, JOHN
Address 880 SW 145TH AVE
SUITE 400
City-State-Zip: PEMBROKE PINES FL 33027

Title SECRETARY
Name AJAMI, TARIK
Address 880 SW 145TH AVE
SUITE 400
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR
Name BAUMGARTEN, PASCAL
Address 880 SW 145TH AVE
SUITE 400
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR
Name BEMPORAD, SIMONE
Address 880 SW 145TH AVE
SUITE 400
City-State-Zip: PEMBROKE PINES FL 33027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TARIK AJAMI**SECRETARY****05/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date